PARTNERS FOR HEALTH

State of Tennessee
Group Insurance Program

New Employee Orientation
Enrollment and Health Insurance Benefits

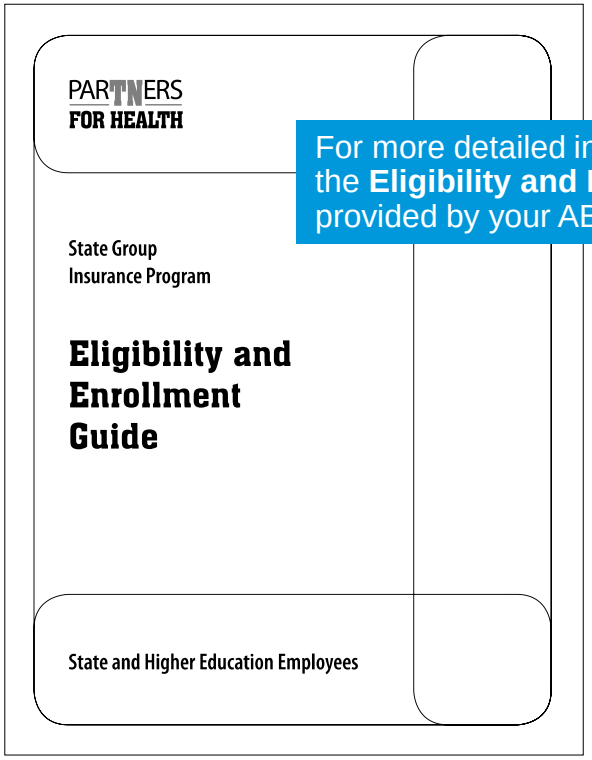
State and Higher Education Employees

January 1 – December 31, 2018

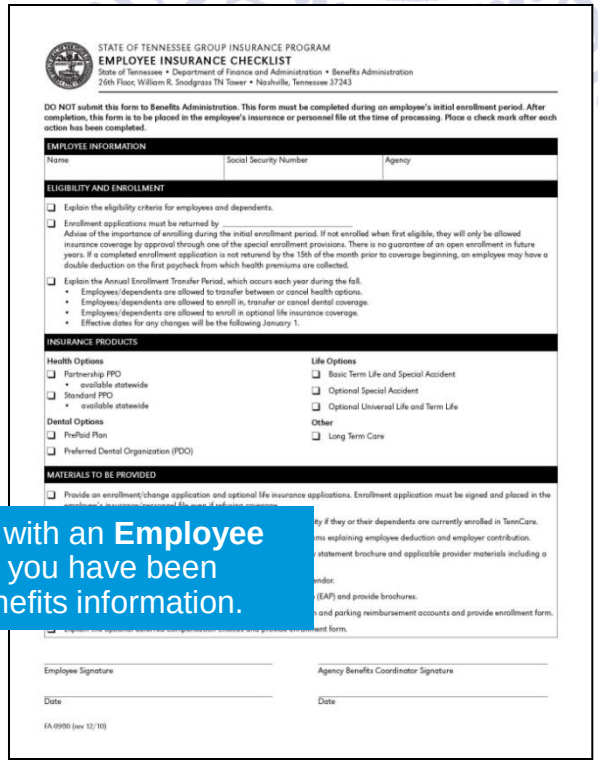
Importance of Your Decisions

- The decisions you make **now** as a new employee will have lasting effects on your benefits
- **Please note: Some decisions can only be made during the new hire period**
- Be aware of all the options available to you and make informed decisions
- Submit questions to your **A**gency **B**enefits **C**oordinator (ABC)

Resource Materials



For more detailed information, refer to the **Eligibility and Enrollment Guide** provided by your ABC.



STATE OF TENNESSEE GROUP INSURANCE PROGRAM

EMPLOYEE INSURANCE CHECKLIST

State of Tennessee • Department of Finance and Administration • Benefits Administration
26th Floor, William R. Snodgrass TN Tower • Nashville, Tennessee 37243

DO NOT submit this form to Benefits Administration. This form must be completed during an employee's initial enrollment period. After completion, this form is to be placed in the employee's insurance or personnel file at the time of processing. Place a check mark after each action has been completed.

EMPLOYEE INFORMATION

Name | Social Security Number | Agency

ELIGIBILITY AND ENROLLMENT

- ☐ Explain the eligibility criteria for employees and dependents.
- ☐ Enrollment applications must be returned by _____
  Advise of the importance of enrolling during the initial enrollment period. If not enrolled when first eligible, they will only be allowed insurance coverage by approval through one of the special enrollment provisions. There is no guarantee of an open enrollment in future years. If a completed enrollment application is not returned by the 15th of the month prior to coverage beginning, an employee may have a double deduction on the first paycheck from which health premiums are collected.
- ☐ Explain the Annual Enrollment Transfer Period, which occurs each year during the fall.
  - Employees/dependents are allowed to transfer between or cancel health options.
  - Employees/dependents are allowed to enroll in, transfer or cancel dental coverage.
  - Employees/dependents are allowed to enroll in optional life insurance coverage.
  - Effective dates for any changes will be the following January 1.

INSURANCE PRODUCTS

Health Options
- ☐ Partnership PPO
  - available statewide
- ☐ Standard PPO
  - available statewide

Dental Options
- ☐ PrePaid Plan
- ☐ Preferred Dental Organization (PDO)

Life Options
- ☐ Basic Term Life and Special Accident
- ☐ Optional Special Accident
- ☐ Optional Universal Life and Term Life

Other
- ☐ Long Term Care

MATERIALS TO BE PROVIDED

- ☐ Provide an enrollment/change application and optional life insurance applications. Enrollment application must be signed and placed in the

Employee Signature | Agency Benefits Coordinator Signature

Date | Date

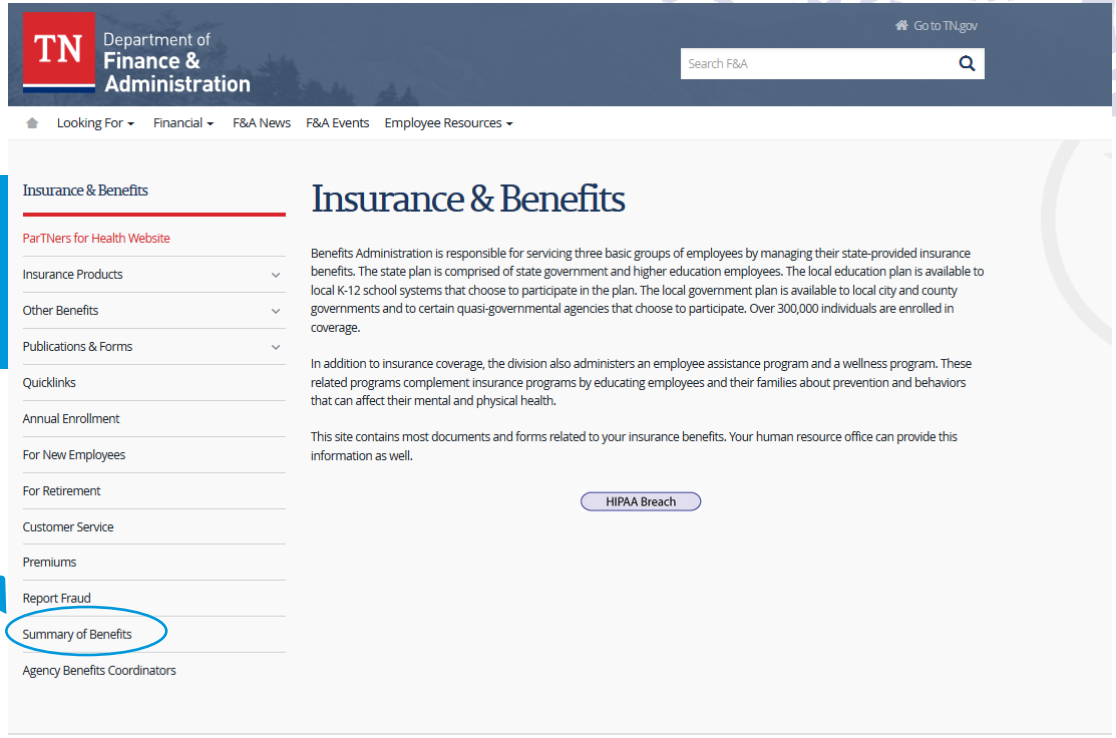
FA-0900 (rev 12/10)

You will also be provided with an **Employee Checklist** to confirm that you have been informed of important benefits information.

Resource Materials

tn.gov/finance/fa-benefits

The Summary of Benefits and Coverage (SBC) describes your health coverage options. You can print a copy on the Benefits Administration website, or ask your ABC for a copy.



Need More Help?

Contact **Benefits Administration** (BA) for **eligibility and enrollment** questions at 800.253.9981 or 615.741.3590, Mon.- Fri., 8 a.m. to 4:30 p.m. Central time.

- You can also search the help desk, find articles or submit a question at https://benefitssupport.tn.gov/hc/en-us.

Links to animated videos on the ParTNers for Health website at partnersforhealthtn.gov. These videos can help you learn about your benefits and what everything means. You can also find definitions, insurance terms and frequently asked questions (FAQs).

Publications and forms are available on the Benefits Administration website at https://www.tn.gov/finance/fa-benefits. Brochures, handbooks, plan documents, summaries of benefits and coverage (SBC) and sample life insurance certificates are available.

About the Plan

- The State Group Insurance Program (the Plan) covers:
  - State and Higher Education Employees
  - Local Education Employees
  - Local Government Employees
- We spend about $1.3 billion annually and cover nearly 300,000 members.
- The health plan is **self-insured.** The State, not an insurance company, pays claims from premiums collected from members and their employers.
- The Division of Benefits Administration manages the Plan.

Who is Eligible for Coverage?

- Full-time employees and their dependents, who may include:
- Legally married spouses
- Children up to age 26, (natural, adopted, step-children or children for whom the employee is the legal guardian)
  - Special circumstances for disabled dependents may allow for coverage after age 26. Refer to your Eligibility and Enrollment Guide or consult your ABC for more information.
- Employees cannot be enrolled in TennCare **and** a State Group Health Insurance Plan
  - Contact your caseworker at TennCare within 10 days of your date of employment to report your new job, salary and that you have access to medical insurance with your new employer

Adding Coverage

Three times you may add health coverage:

1. As a new employee
2. Annual Enrollment in the fall
3. If you experience a special qualifying event
   - A special qualifying event could be marriage, birth of a baby or something that results in loss of other coverage
   - Submit the enrollment within 60 days of the event or loss of other coverage
   - A complete list is provided on page three of the enrollment application

Annual Enrollment

- During Annual Enrollment you may:
  - Enroll in or cancel **health insurance** for yourself or your eligible dependents
  - Change your health insurance option
  - Choose your health insurance **network (doctors and facilities)**
  - Enroll in, cancel or transfer between **dental** and **vision** insurance
  - Enroll in, cancel or transfer between **Short Term and Long Term Disability Insurance** options (**state employees**)
  - Enroll in, cancel or transfer between **Short Term Disability Insurance** options (**higher education employees**)
  - Enroll in **flexible spending accounts**
  - Enroll in or cancel **voluntary accidental death & dismemberment**
  - Apply for, cancel, increase or decrease **voluntary term life insurance** amounts (if eligible)
- **Changes are effective January 1 of the following year**

Annual Enrollment occurs during the fall

Choosing Your Premium Level

- Four premium levels (tiers) available:
  - Employee Only
  - Employee + Child(ren)
  - Employee + Spouse
  - Employee + Spouse + Child(ren)
- If you're enrolling as a family, everyone must be enrolled in the same state group health insurance option with the same insurance carrier.
- If your spouse works for a local government or education agency whose health insurance is through the State
  - You can choose premium level, health option and insurance carrier separately
  - If you and your spouse are both state and higher education employees:
  - Consider employee only coverage or employee + child(ren) to receive the maximum life insurance benefit.
  - NOTE: An individual may only be covered under one state policy

Canceling Coverage

- You may only cancel most insurance coverage for yourself or your dependents:
  1. During Annual Enrollment
  2. If you become ineligible to continue coverage
  3. If you and/or your dependents become newly eligible for coverage under another plan due to an event like marriage, divorce, birth or adoption of a child.

Health Insurance

You get the choice of a health plan and a network

Three health options — you choose one.
Each option has **different out-of-pocket costs** for copays, deductibles, coinsurance and out-of-pocket maximums. You won't pay anything for eligible preventive care — it's covered at 100% as long as you use an in-network provider. **Here are your options in more detail:**

- **Premier PPO:** Highest premiums, but you **pay less** for copays at the doctor's office and pharmacy than the Standard PPO and less in coinsurance.

- **Standard PPO:** Lower premiums than the Premier PPO, but you **pay more** for copays at the doctor's office and pharmacy.

- **Consumer-driven Health Plan (CDHP)/Health Savings Account (HSA):** Lower premiums and a lower out-of-pocket maximum, but you have a higher deductible. You get a HSA (health savings account) to use for qualified healthcare expenses, including your deductible and to save for retirement.

Health Insurance

CDHP/HSA benefits

- The state contributes to your HSA **($250 employee only/$500 family tiers*)**, and you can contribute to this account with pre-tax dollars from each paycheck.

- Instead of paying a high premium, you could take the money you save in premiums for this plan versus a PPO and put it in your HSA. You can use your HSA money to pay for your deductible and other healthcare costs or save it.

- And the account rolls over — you keep your money in your HSA at the end of the year!

***If your insurance coverage starts on or after Sept. 2, 2018, through the end of 2018, the state will not contribute funds to your HSA in 2018.**

Health Insurance

How does the CDHP/HSA work?

You pay for your healthcare differently. When you get care or need a prescription, you pay for those expenses until you reach your deductible. Then you pay coinsurance for your medical and pharmacy costs until you reach your out-of-pocket maximum.

- **For all of your care, as long as you use network providers, you get discounted network rates.**
  - For **certain 90-day maintenance drugs** (e.g., hypertension, high cholesterol), you only pay coinsurance, and you do not have to meet your deductible first. You must use a Retail-90 network pharmacy or mail order to fill a 90-day supply of your medication to receive this benefit. Check with your pharmacist or CVS/caremark if you have questions.

Note: For the CDHP plan, the deductible and out-of-pocket maximum can be met by one or more family members. The total deductible must be met before coinsurance applies for any family member unless otherwise noted in the Eligibility and Enrollment Guide.

Health Insurance

How does the CDHP/HSA work?

You get a HSA to save! The state will put money into your account, and you can contribute too. For example, you can put the difference in premiums between the CDHP and PPO (premium savings) into your account each month.

You can use your HSA money to pay for your out-of-pocket costs like your deductible, coinsurance for doctor's visits and prescription drugs. Your HSA money rolls over each year — you keep it if you leave or retire.

- When you turn 65, you can use money in your HSA for non-medical expenses (before age 65 non-medical expenses are both taxed and subject to a 20% penalty. After age 65, non-medical expenses are taxed, but the 20% penalty does not apply).

- **2018 maximum HSA contribution amounts (includes employer contributions)**:
  - $3,450 for employee only (includes $250 state HSA contribution)
  - $6,900 for all other tiers (includes $500 state HSA contribution)
  - Members 55 or older can save an extra $1,000 in a catch up contribution during the plan year

Health Insurance

How does the CDHP/HSA work?

- **You save money on taxes!** Your HSA contributions can be pre-tax — put money from your paycheck directly into your account by payroll deduction. This lowers your taxable income, saving you money.
  - Your employer contributions are tax free, and qualified medical expenses are also tax free.
- **You get a debit card with your HSA funds:** PayFlex will send you a debit card. You can use it to pay for your qualified healthcare expenses. Go to stateoftn.payflexdirect.com to learn more.

Health Insurance

CDHP restrictions:

You cannot enroll in a CDHP if you are enrolled in another plan, including a PPO, your spouse's plan or any government plan (e.g., Medicare A and/or B, Medicaid, TRICARE), or if you have received care from any Veterans Affairs (VA) facility or the Indian Health Services (IHS) within the past three months.

- Generally, members eligible to receive free care at any VA facility cannot enroll in the CDHP because a HSA is automatically opened for them. Individuals are not eligible to make HSA contributions for any month if they receive medical benefits from the VA at any time during the previous three months.

  However, members may be eligible if the following applies:

  - Member did not receive any care from a VA facility for three months, or
  - The member only receives care from a VA facility for a service-connected disability (and it must be a disability).
  - Go to https://www.irs.gov/irb/2004-33_IRB/ar08.html for HSA eligibility information.

You cannot have a HSA if you or your spouse are enrolled in a medical flexible spending account (FSA) or HRA. You can have a HSA and enroll in a limited purpose FSA for dental and vision costs.

Network Options

You choose one of three networks of doctors and facilities:

- **BlueCross BlueShield Network S:** There is no additional cost for this network. In 2018 in the Memphis market, Methodist facilities will be out-of-network, and Baptist facilities will be in-network. All Methodist **provider** groups will be in-network.

- **Cigna LocalPlus:** There is no additional cost for this network. This is a smaller network than Cigna Open Access Plus (OAP).

- **Cigna OAP:** This is a large network, with a choice of more doctors and facilities, but you will pay more. In 2018 in the Memphis market, Baptist facilities will be out-of-network, but Methodist facilities will be in-network.
  - Monthly surcharges will apply:
    - $40 more for employee only and employee+child(ren) coverage
    - $80 more for employee+spouse and employee+spouse+child(ren) coverage

Your network vendor's (BlueCross BlueShield or Cigna) website may have tools and resources to help you find out how much a procedure or test could cost.

Pharmacy benefits

Pharmacy benefits are included when you and your dependents enroll in a health plan. The plan you choose determines the out-of-pocket prescription costs. How much you pay for your drug depends on whether it is a generic, brand or non-preferred brand and the day-supply.

***These are the in-network pharmacy benefits. If out of network pharmacy benefits are available, they are different and will cost you more.**

**** Specialty Network Pharmacy: Specialty drugs must be filled through a Specialty Network Pharmacy and can only be filled every 30 days.**

PHARMACY (IN-NETWORK)*	PREMIER PPO	STANDARD PPO	CDHP
30-DAY SUPPLY			
Generic	$7	$14	20% coinsurance after deductible is met
Brand	$40	$50	
Non-preferred brand	$90	$100	
90-DAY SUPPLY (Retail-90 network pharmacy or mail order)			
Generic	$14	$28	20% coinsurance after deductible is met
Brand	$80	$100	
Non-preferred brand	$180	$200	
90-DAY SUPPLY (certain maintenance medications from a Retail-90 network pharmacy or mail order)			
Generic	$7	$14	10% coinsurance without having to meet deductible
Brand	$40	$50	
Non-preferred brand	$160	$180	
SPECIALITY PHARMACY**			
Coinsurance	10% (min $50; max $150)	10% (min $50; max $150)	20% after deductible

Pharmacy benefits

Maintenance Drugs: There are lower out-of-pocket costs on a large group of maintenance drugs. To pay the lower price, you must use the special, less costly Retail-90 network (pharmacy or mail order) and fill a 90-day supply of your medication.

- The maintenance tier list includes certain medications for high blood pressure, high cholesterol, coronary artery disease, congestive heart failure, depression, asthma/chronic obstructive pulmonary disease (COPD) and diabetes (oral medications, insulins, needles, test strips and lancets).

Certain Low-Dose Statins: Eligible members will be able to receive these medications in-network at zero cost share in 2018.

- These medications are primarily used to treat high cholesterol. No high dose or brand statins are included.

Copay Installment Program: Members can spread the cost of 90-day mail order prescriptions over a three-month period — at no additional cost. You may enroll online at info.caremark.com/stateoftn, register and log in, or by calling CVS/caremark customer care at 877.522.8679.

- This benefit is only for 90-day mail order prescriptions provided by CVS/caremark mail order. **This does not apply to specialty medications.**

Pharmacy benefits

Weight Management: There are some obesity medications available for members who meet certain requirements. This gives members a less costly, non-surgical option for losing weight. Go to the Caremark website at info.caremark.com/stateoftn to look for covered medications. They are found under “Antiobesity” on the Preferred Drug List (PDL).

Diabetic Supplies: OneTouch diabetic testing supplies are the only diabetic testing supplies covered at the preferred brand copay. Members will have lower copays by using OneTouch supplies. Diabetics may be eligible for a new OneTouch glucose meter at no charge from the manufacturer. For more information call 800.588.4456.

Flu and Pneumonia Vaccines: Each year, members can get free flu and pneumonia vaccines (if eligible) through certain pharmacies or at your doctor’s office. You can go to partnersforhealthtn.gov and click on the Pharmacy page to learn more about vaccines.

Pharmacy benefits

Tobacco Cessation Products: Members who want to stop using tobacco products can get free tobacco quit aids.

The following quit aids are FREE under the pharmacy benefit:

- Chantix
- Bupropion (Generic Zyban)
- Over-the-counter generic nicotine replacement products, including gum, patches and lozenges
- Nicotrol oral and nasal inhalers

Members may receive up to two, 12-week courses of treatment per calendar year (up to 168 days of treatment) with no lifetime maximum. A licensed clinician is required to write a prescription to get any tobacco cessation products at no cost, including over-the-counter aids. Simply present your prescription and your Caremark card at the pharmacy counter (not at the check-out registers) to fill at $0 copay. The plan only covers generic over-the-counter tobacco cessation products (not brand names).

Telehealth

24/7 Care — When You Need It

All health plan members have access to state-sponsored Telehealth medical services. It is available as a part of your health insurance. You can talk to a doctor by phone or computer from anywhere, at any time.

When to use Telehealth

For non-emergency medical issues (allergies, asthma, bronchitis, cold & flu, infections, fever, ear aches, nausea, pink eye, sore throat)

- 24 hours a day, seven days a week — including nights, weekends and holidays
- Your doctor or pediatrician is unavailable
- It's not convenient to leave your home or work
- You are traveling and need medical care

Telehealth

Cost:

- **PPO Members:** Copay is $15
- **CDHP Members:** You pay the negotiated rate per visit until you reach your deductible, then the primary care office visit coinsurance applies

More Information: You must pre-register with your network vendor to use Telehealth. Network vendor information is below.

BlueCross BlueShield of Tennessee Members

- Log into BlueAccess at bcbst.com
- Look for PhysicianNow
- Or, call 888.283.6691

Cigna Members

- Log into MyCigna.com
- Look for MDLive or Amwell and select the vendor of your choice
- Or, call 888.726.3171 for MDLive or 855.667.9722 for Amwell

Behavioral Health & Substance Use Services

Whether you are dealing with a mental health or substance use condition, support is available through your behavioral health coverage. Your enrolled dependents can use these benefits too.

Optum is your behavioral healthcare vendor. Using one of Optum's network providers gets you the most from this benefit, which is included when you and your dependents enroll in a health plan.

- In addition to office visits, you can meet with a provider through private, secure video conferencing. It's called **Telemental Health**, and it allows you to get the care you need sooner and in the privacy of your home. The copay for Telemental Health is the same as an office visit.
  - To get started, go to **Here4TN.com,** scroll down, select provider search, and click on Telemental Health to find a provider licensed in Tennessee, or call 855-Here4TN for assistance.

Learn more about your behavioral health benefit by visiting **Here4TN.com**. You can search for providers on the website.

Employee Assistance Program (EAP) — HERE4TN.com

Your Employee Assistance Program (EAP) is also administered by Optum. It is available to all benefits-eligible employees and eligible dependents, as well as COBRA participants. Receive five EAP visits, per situation, per year at no cost to you.

Master's level specialists are available around the clock to assist with stress, legal, financial, mediation and work/life services. They can even help you find a network provider, a plumber who works nights, find services for your elderly parents, theater tickets, all-night pharmacies and so much more.

Optum knows you are busy, and they want to provide you with information when you need it. Call **855.Here4TN (855.437.3486**).

Take Charge at Work: Access to a telephonic program that helps you identify your triggers, and recognize and manage symptoms of stress and depression. Go to HERE4TN.com for more information.

Wellness Voluntary Rewards Program

- More information about the 2018 Wellness Program will be coming in 2018.
- All members have access to wellness and fitness center discounts through the carrier network vendors (BCBST or Cigna).
- Cigna members will have access to the Cigna nurse advice line. BlueCross BlueShield does not have a nurse advice line available.

Preventive Screenings

And with your health plan you won't pay anything for eligible preventive care – it's covered at 100% as long as you use an in-network provider. Members are encouraged to get age appropriate preventive services, which could include:

- annual preventive visit (i.e., physical exam)
- cholesterol test
- screening for colon cancer
- annual well woman visit
- osteoporosis screening
- screenings for breast or cervical cancer (women only)
- screening for prostate cancer (men only)
- flu vaccine
- pneumococcal vaccine

Talk to your doctor to find out what screenings and tests are right for you.

Premiums for 2018: State and Higher Education

Employee Share of Monthly Premiums

Premium Level	Premier PPO	Standard PPO	CDHP/HSA
Employee Only	**$150**	**$102**	**$66**
Employee + Child(ren)	**$225**	**$153**	**$98**
Employee + Spouse	**$314**	**$215**	**$138**
Employee + Spouse + Child(ren)	**$389**	**$266**	**$170**

- Premiums shown are for the employee share for **active employees**.
- A complete chart is available in the Eligibility Guide and on the ParTNers for Health website
- Premiums are for the BCBS Network S or Cigna LocalPlus network
- Premiums do NOT include the cost for the larger Cigna Open Access Plus network – which would add $40 to $80 more EACH MONTH depending on your tier

2018 Deductibles and Out-of-Pocket Maximums

	Premier PPO	Standard PPO	CDHP/HSA
	In-Network	In-Network	In-Network
Deductibles			
Employee only	**$500**	**$1,000**	**$1,500**
Employee + Child(ren)	**$750**	**$1,500**	**$3,000**
Employee + Spouse	**$1,000**	**$2,000**	**$3,000**
Employee + Spouse + Child(ren)	**$1,250**	**$2,500**	**$3,000**
Out-of-Pocket Max (medical and pharmacy combined)			
Employee only	**$3,600**	**$4,000**	**$2,500**
Employee + Child(ren)	**$5,400**	**$6,000**	**$5,000**
Employee + Spouse	**$7,200**	**$8,000**	**$5,000**
Employee + Spouse + Child(ren)	**$9,000**	**$10,000**	**$5,000**

Take Note!

- Deductibles and out-of-pocket maximums for in-network and out-of-network services add up **separately** in PPOs and CDHP.

Example: Employee Only Coverage - Premier PPO

- **In-network** services count toward in-network deductible and out-of-pocket maximum

	Deductible	Out-of-Pocket Max
In-Network	$500	$3,600

- **Out-of-network** services count toward out-of-network deductible and out-of-pocket maximum

	Deductible	Out-of-Pocket Max
Out-of-Network	$1,250	$9,000

Ineligible expenses, including non-covered services and expenses over the MAC don't count toward deductibles and out-of-pocket maximums.

Working for a Healthier Tennessee

- Expands wellness resources to all employees
- Encourages state employees to lead healthier lives by focusing on:
  1. Physical Activity
  2. Healthy Eating
  3. Tobacco Cessation

Employee Sick Leave Bank
State only

Employee Sick Leave Bank – State Only

- Administered by Tennessee Department of Human Resources
- Provides sick leave to qualifying members
- A member may receive a maximum of 90 days from the Bank
- Open enrollment is August 1 – October 31 each year
- Must be a full-time state employee for 12 consecutive months and have at least six days of sick leave by October 31 of your enrollment year
- Must contribute four sick leave days to enroll
- One day of sick leave thereafter assessed each Oct 1 to maintain membership
- New members are eligible to apply for grants of sick leave on Feb. 1 after enrollment

For more information or to enroll, go to the Department of Human Resources website.

Hybrid Pension Plan
State only

- New hires with the State will be enrolled in the Hybrid Pension Plan
- Employees originally hired prior to 7/1/14 transferring from the State, Higher Education or a Local Education Agency as a K-12 teacher will be grandfathered into the legacy plan
  - Employees transferring from local government will be treated as a new hire

- The Hybrid Pension Plan contains both a Defined Benefit and a Defined contribution component
  - Defined benefit component is administered by TCRS
  - Defined contribution component is administered by **Empower Retirement**

- Shared risk by Employer and Employee
- Employees are required to contribute to the plan

PARTNERS FOR HEALTH

Enrolling in Benefits

- **You must enroll using Edison Employee Self Service (ESS) for health, dental and vision coverage and voluntary accidental death & dismemberment insurance**
- **Enrollment must be completed within 31 days of your hire date**
- Any required dependent verification must also be submitted during this timeframe
  - Example dependent verification documents include:
    - Federal Income Tax Return and a Marriage License for a spouse
    - Birth certificate for a child

To enroll in voluntary benefit products such as voluntary term life insurance, use the separate enrollment forms provided by your ABC.

Online Enrollment through ESS

To enroll in your health insurance and other benefit options:

- Log on to Edison
  - » www.edison.tn.gov
  - » Use username and temporary password provided by your Human Resource office
  - » Go to Self Service > Employee Work Center > My Benefits > Benefits Enrollment
  - » Click **SELECT**
  - » Follow the prompts
- If covering dependents, submit dependent verification by:
  - » Uploading electronic documentation
  - » Faxing documentation to Benefits Administration service center

When Will Coverage Begin?

- Health, dental, vision, disability and basic term life/AD&D coverage will begin on the first day of the month after one full calendar month of employment from your hire date
- If you are hired on Sept. 15, coverage would begin on Nov. 1
- Voluntary term life insurance begins after three full calendar months from employment/eligibility
- Ask your ABC if you have questions about when your coverage begins

When Are Premiums Paid?

- Your ABC will tell you when your premiums will be deducted from your paycheck
- Enter your benefit selections in ESS or submit your enrollment forms to your ABC as soon as possible.
  - If you do not enter your benefit selections early, in some instances you could end up with a double deduction from your paycheck the first month of enrollment.

When Will My ID Cards Arrive?

- Within three weeks of the date your application is processed

BlueCross BlueShield	Cigna
• Sends up to two ID cards automatically, both with member's name	• Sends separate ID cards for each insured family member with each participant's name
• These may be used by any covered dependent	• There may be up to four ID cards in each envelope

- **CVS/Caremark** will send separate ID cards for pharmacy benefits
- If you enroll in dental or vision benefits, you will receive your ID cards within three weeks

Retiree Insurance

- Retiree health insurance coverage (pre-65 retirees) is not available to employees whose employment first began on or after July 1, 2015.
- The Tennessee Plan (Supplemental Medical Insurance for retirees with Medicare) will not be available to any employee whose first employment is on or after July 1, 2015.
- Any senator, representative or governor if first elected to office after July 1, 2015, is not eligible to continue coverage after retirement from office.
- Any employee whose first state employment began before July 1, 2015, and who returns to state service after July 1, 2015, will not be prohibited from retiree coverage if the employee did not accept a lump sum payment from TCRS before July 1, 2015. Employees must also meet all other retiree insurance eligibility requirements.

Your Privacy

- Your personal health information is strictly confidential
- Your health privacy rights are protected through a federal law called “HIPAA”
- Benefits Administration can only discuss benefits information with the head of contract (HOC)
- The **Authorization for Release of Protected Health Information** form must be completed before Benefits Administration can discuss benefits information with your spouse or other authorized representative

To print and complete a release form, visit www.tn.gov/finance/fa-benefits. On this page, select the “Forms” tab.

Insurance Carrier Websites

- BlueCross BlueShield, Cigna and CVS/caremark each offer member websites that allow you to:
  - View detailed information about your claims
  - Print temporary ID cards
  - Access other helpful member services

➢ **BlueCross BlueShield**

www.bcbst.com/members/tn_state/

➢ **Cigna**

www.cigna.com/site/stateoftn

➢ **CVS/caremark**

www.info.caremark.com/stateoftn

Who to Contact

- Your primary point of contact is your **ABC**
- For questions about a provider or insurance claim, contact your insurance carrier directly via the carrier's member website or the number on the back of your ID card
- For questions about eligibility and enrollment, call the Benefits Administration service center at **800-253-9981**

- **ParTNers for Health**
  www.partnersforhealthtn.gov
- **Benefits Administration**
  www. tn.gov/finance/fa-benefits

PARTNERS FOR HEALTH

Thank you for your attention during this presentation.

More information is available at
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Have questions? Please ask your ABC at this time.